

DY5 Round 2 (October) DSRIP Reporting

John Scott

Transformation Waiver Operations

October 5, 2016

- Category 1 or 2 metrics, Category 3 milestones, and Category 4 reporting domains achieved by **September 30, 2016**, may be reported in October using the DSRIP Online Reporting System.
 - Do not report a Category 1 or 2 metric/Category 3 milestone as completed unless it was fully completed by September 30, 2016. If the Texas Health and Human Services Commission (HHSC) does not find sufficient evidence of achievement in the documentation, the provider will have only one opportunity in December/January to submit additional information.
 - If HHSC and the Centers for Medicare & Medicaid Services (CMS) do not approve the additional information, the provider will no longer be eligible for payment for that metric/milestone.
- October reports are due by **October 31, 2016, 11:59 p.m.**

Key Items for October DY5 Reporting

- DY4 Carryforward Reporting
- Semi Annual Reporting Requirements
- Cat. 1-2 Clarifications
- Supporting Documentation Requirements
- QPI Reporting
- Category 3 Reporting
- Category 4 Reporting
- DSRIP Online Reporting System

DY4 Carryforward Reporting

- October 2016 is the final reporting opportunity for DY4 Category 1 or 2 metrics or Category 3 milestones that were carried forward into DY5.
 - If you are reporting on a carried forward percentage improvement metric that is included in DY4 and DY5, then the DY4 carried forward metric must be demonstrated prior to the DY5 metric.
- DY4 Carryforward metrics and milestones are indicated by an asterisk (*) on the metric tab in the DSRIP Online Reporting System (e.g., I-6.1*)

Semi Annual Reporting Requirements

- All providers are required to complete the following in the DSRIP Online Reporting System for every project regardless of whether the milestone/metric is reported for payment in October. Doing so completes the Semi-Annual Reporting (SAR) requirements. DSRIP payments may be withheld until the complete report is submitted.
 - “Provider Summary” must be completed.
 - For each individual project:
 - “Project Summary” tab – all questions must be answered for each Category 1 or 2 DSRIP project.
 - “Progress Update” field – must be completed for each Category 1 or 2 metric and each Category 3 outcome. (Enter the Cat. 3 Progress Update on the Cat. 3 template.)
 - A QPI Reporting Template must be completed and uploaded for ALL DY5 QPI metrics.

Cat. 1-2 Clarifications

- All supporting documentation must demonstrate baseline information as well as the increase or total achievement stated in the goals.
 - If a baseline period is not specified and is cited as a point of improvement for a subsequent goal, a 12-month baseline period should be provided. A minimum six-month baseline period may be allowed due to delayed project implementation with sufficient provider explanation. If a DY5 metric goal is to demonstrate improvement over DY4 performance, there should be no gaps in DY4 and DY5 measurement periods without explanation.
- If a metric goal has multiple parts, all parts must be fully achieved to report for payment in October.
- Early achievement of DY5 metrics (i.e., metrics achieved in DY4, October 1, 2014 – September 30, 2015) may be allowable for non-QPI metrics if the State deems appropriate.

Cat. 1-2 Clarifications, 2

- If a provider is reporting on the same metric from DY4 but has a lower achievement in DY5, then an explanation should be provided in the "Progress Update" field.
- If the reported and approved achievement of a DY2-5 metric has changed, please provide an explanation in the Project Summary section under "Project Overview: Challenges."
- If a provider is deviating from a metric, an explanation is required in the "Progress Update" field. HHSC will review the explanation and may request additional information and/or submit for CMS approval if deemed appropriate.
- If the baseline reported previously for a non-QPI metric has changed, please provide an explanation in the "Progress Update" field for the metric.
 - If the DY5 goal is an improvement over baseline, HHSC will review in context of the entire project to determine appropriateness.

Supporting Documentation Requirements

- Each project that is reporting achievement of a metric must include a coversheet explaining where reviewers should focus in reviewing specific documents and briefly explaining how the documents support achievement.
 - A coversheet is not needed if the provider is **NOT** reporting achievement of any Category 1 or Category 2 metrics.
- All supporting documentation must include dates to demonstrate that achievement occurred by **September 30, 2016**.
- Links will not be accepted as supporting documentation.
- For metrics that involve hiring of additional staff to increase care capacity, the provider should clearly demonstrate that the staff changes are different from business as usual (i.e., are to increase capacity as part of the DSRIP project).

Supporting Documentation Requirements, 2

- Metrics whose goals were to demonstrate an increase over baseline or the previous year's performance, should include baseline information in their documentation.
- For metrics involving learning collaboratives, documentation must include the agenda, sign in sheet, and a summary of topics discussed and **lessons learned relevant to the project** to demonstrate participation.
 - An optional template is available on the waiver website.
- For metrics requiring implementation of “raise the floor” improvement initiatives, the documentation should include:
 - A list of ideas that came up during the semiannual meeting that would apply to the project.
 - A description of the provider's agreement to implement at least one idea and rationale for the selection.
 - A description of the status of implementation.
 - Any details related to the impact of the idea on the project.

Overview of QPI

- An October DY5 QPI template is required for **ALL** DY5 QPI metrics. This is a SAR requirement during the October reporting period to collect the annual impact of DSRIP.
- Providers may report on DY5 QPI metrics in October if achieved by September 30, 2016.
- Early achievement of QPI is not allowed. To be counted as QPI, services must have been provided on or after the first day of the metric's DY.
- Only individuals served/encounters provided between the dates below may be counted towards QPI in October DY5 reporting.

DY4 Carryforward Metric	DY5 Metric
Oct. 1, 2014 - Sept. 30, 2016	Oct. 1, 2015 - Sept. 30, 2016

QPI Reporting, 2

- A metric is not eligible for payment unless **ALL** metric goals are achieved. Providers should not report a metric for payment unless fully achieved.
 - For example, if a metric goal states that the provider will increase their clinic hours by 10 hours/week and serve 800 individuals in DY5, then they must achieve and provide supporting documentation for both of these goals.
- Some QPI-designated metrics require supporting documentation beyond the QPI template:
 - Metrics that include additional goals beyond QPI (like the example above)
 - Some QPI metrics with “Number of patients impacted” types of goals (e.g., number of individuals with improved patient satisfaction, number of individuals with reduced wait times)
- Providers must ensure that protected health information (PHI) is de-identified in supporting documentation.

QPI Template

- Providers must download the **October DY5 QPI template** from the Waiver website and submit this most recent version for **ALL** DY5 QPI metrics. Past QPI template versions will not be accepted.
- Required provider inputs are highlighted in yellow. Providers with carryforward metrics will see yellow cells under both DY4 and DY5.
- Changes to October DY5 QPI Template
 - There is a lock on reporting status. Once you select metric reporting status and hit the button to create metric data reporting tabs, you cannot change the reporting status. If you need to change reporting status, you will need to download a new template and start over.

QPI Reporting, 4

- Be as descriptive as possible in the MLIU and data description fields. For example, in the MLIU field, please explain the payor types of clients you are including in the percentages: Medicaid, Medicaid and Medicare Dual-Eligibles, CHIP, self-pay below 200% FPL, indigent care program, etc. The template will no longer allow “NA” as an input.
- Please ensure you save the template as a macro-enabled file before uploading to the online reporting system. You cannot save the file until all steps are complete.
- Providers should include supporting information to explain percentage achievements referenced in the QPI metric’s baseline/goal statements.
- Please refer to the QPI Reporting Companion for additional information.

General Reminders:

- If you are reporting DY4 carryforward, you may include more encounters than your exact goal, but be mindful that those encounters cannot count toward DY5 achievement.
- If you have MLIU required, the goal and achievement are whole numbers, not percentages. Calculate the numeric goal and achievement by multiplying the MLIU percentage goal/achieved by the respective QPI goal/achieved level.
- Even if you reported DY5 for achievement in the April DY5 reporting period, you must update all DY5 data (MLIU and achievement) for SAR purposes.
- Pre-DSRIP baselines have been corrected based on MSLC findings, if applicable.

Category 3 Reporting

- Please refer to the Category 3 presentation for additional information.

Category 4 Reporting

- HHSC sent individual PPE reports to each hospital provider via email on **March 30, 2016**. Providers should contact the Transformation Waiver mailbox at TXHealthcareTransformation@hhsc.state.tx.us if they have not received their PPE reports.
 - PPE reports are from CY2014 and reflect Medicaid only claims
 - Low volume providers may not have received all three PPE reports
- Providers will confirm receipt of the PPE reports for RDs 1-3 in the DY5 Category 4 Template.
- Providers must respond to qualitative questions in the Category 4 reporting template when reporting achievement of RDs 1-6.
 - Not providing a qualitative response for an RD reporting achievement will result in an NMI and payment delays.

DSRIP Online Reporting System

System Requirements

- Browser Options
 - Modern browsers: Firefox, Internet Explorer, Safari (Mac), Chrome, Opera
 - Cross-platform (Mac, Windows)
 - Minimum requirement: Internet Explorer 8
- Other Requirements
 - Modern computers and operating systems
 - Tablets and phones not recommended



DSRIP Online Reporting System, 2

System Access

- Access is role-based (Provider, Lead Provider, Anchor or IGT Entity).
- For users with multiple roles, you should be logged in as a **Provider** or **Lead Provider** to complete their project reports.
- To update user roles or request changes in access to the reporting system, please contact the waiver team at TXHealthcareTransformation@hhsc.state.tx.us.

DSRIP Online Reporting System, 3

Steps to Online Reporting

1. Enter and Save Provider Summary
 - For October DY5, providers should complete the **Round 2** Provider Summary.
2. Enter and Save Individual Project Reports
 - Category 1 and 2 Project Reporting page
 - All input fields must be completed for the Project Summary, Milestone, and related Category 3 Outcome tabs.
 - Supporting documentation must be uploaded for metrics reporting achievement.
 - Category 3 template should be uploaded only once, to the provider's first Cat. 3 outcome associated with the first Cat. 1-2 project in the online reporting system.
 - Category 4 Project Reporting page
 - Category 4 template should be uploaded only once to the first Reporting Domain reporting achievement.
3. Confirm That All Provider Reports Are Complete
 - Review the Reporting Status tab on the Provider Details page to ensure that reports are either ready to submit or have been submitted.
4. [Optional] Lead Provider can "Submit" project reports to prevent further editing

DSRIP Online Reporting System, 4

Requesting Carryforward for DY5 Metrics

- During October reporting, a provider may request to carryforward any unachieved DY5 Category 1 or 2 metrics, as well as, Category 3 milestones in the DSRIP Online Reporting System. To do so, they must complete three carryforward questions:
 - If applicable, please explain why your achievement is less than expected.
 - Do you want to carry this metric into the next demonstration year?
 - What is your plan to improve performance by the end of the following DY?
- Please note, there is a select group of Category 3 milestones that will need to answer these questions in the Category 3 Reporting Template. This information will be seeded into the reporting system.
- If a provider does not complete these questions, they will receive a request for additional information.

DSRIP Online Reporting System, 5

Uploading Supporting Documentation

- Use the Upload button to upload supporting attachments for each metric. Once the project report is saved, the provider can view uploaded documents via the View button.
- There is a 50 MB size limit per file upload.
 - If a file is too large, please consider splitting it into more than one file to upload.
- Acceptable files include PDFs, MS Word, MS Excel, MS PowerPoint and zip files.
- Please do not use symbols (e.g., @, #, %, &, etc.) when naming documents.
- Supporting attachments cannot be edited or deleted after they are uploaded. However, you can save over documents by uploading a revised document with the same name.
 - If a provider is unable to overwrite a file that contains PHI, please contact the waiver mailbox.

DSRIP Online Reporting System, 6

Reporting Templates to Upload

- Coversheet for each Category 1-2 project
 - Upload under project's first milestone/metric reporting "Yes-Completed."
- QPI Reporting Template
 - Required for **ALL** QPI metrics, regardless of achievement status.
 - Upload under project's first QPI metric.
- Category 3 October DY5 Reporting Template
 - Required for **ALL** providers as the Progress Updates for Cat 3 milestones PM-10, PM-12, AM-1.X, and AM-2.X will need to be completed in this template in order to meet Semi-Annual Reporting (SAR) requirements.
 - Used for reporting achievement of Cat 3 milestones: PM-10, PM-12, AM-1.X, and AM-2.X.
 - Upload under the first Cat 3 outcome associated with the first Cat 1-2 project in the online reporting system.
- Category 3 October DY5 Population Focused Priority Measure (PFPM) Reporting Template
 - Providers who submitted a PFPM baseline (ending by 09/30/2016) that was approved by HHSC are eligible to report Performance (AM-3.x milestones) in the PFPM Reporting Template.
 - Upload the template directly to the AM-3.x milestone on the related Cat 3 project tab.
- Category 4 Reporting Template
 - Upload only once under first submitted reporting domain.

DSRIP Online Reporting System, 7

Saving Project Reports

- Providers may save and edit the Provider Summary, Project Summary, Cat. 1-3 Milestone/Metric Reports, and Cat. 4 Reporting Domain data entry fields throughout the DY5 Round 1 reporting period (October 1-31).
 - Be sure to save before navigating away from the Project Details page or logging out.
 - The system will logout if idle for 20 minutes. If a user does not save prior to being logged out, any unsaved data will be lost.
 - When the report is complete for a given project, the user sees this message after saving: “Thank you. Your report has been saved and is ready to submit.”
- Users designated as a “Lead Provider” also have **Submit** buttons. The purpose of the **Submit** button is to give Lead Providers the opportunity to be the last person to review a report before submission.
 - Once a Lead Provider clicks on **Submit**, editing data entry fields is no longer possible.

DSRIP Online Reporting System, 8

- Multiple Users and Saving
 - Multiple users for the same provider can login at the same time.
 - This allows multiple project managers to enter information for their individual projects simultaneously.
 - **CAUTION:** Only one user at a time should enter and save data on the Provider Summary page or an individual project reporting page. (These pages have their own “Save” buttons.)
 - If multiple users are entering data at the same time on the same Provider Summary or the same project reporting page, the one who saves last will overwrite anything that was saved by the previous user(s).
- As long as the completed reports and supporting attachments have been Saved by the reporting deadline, they will be considered officially submitted.

October Reporting Key Dates

October Reporting Key Dates

- October 1, 2016 – The DSRIP Online Reporting System opened for providers to begin October reporting.
- October 24, 2016 – Final date to submit questions regarding October reporting and inform HHSC of any issues with DY5 data in the reporting system.
- October 31, 2016, 11:59 p.m. – Due date for October DY5 reporting, including required semi-annual progress reporting due to HHSC.
- November 21, 2016, 5:00 p.m. – Due date for IGT Entities to notify HHSC of any issues with their affiliated providers' October DY5 reports
- December 2, 2016, 5:00 p.m. – Deadline for changes in IGT entities or proportion of IGT among entities.

October Reporting Key Dates, 2

- December 9, 2016 – HHSC and CMS will complete their review and approval of October reports or request additional information (referred to as NMI) regarding the data reported.
- January 3, 2017 – IGT due for October reporting DSRIP payments and Monitoring IGT.
- January 13, 2017 – October reporting **DY5 DSRIP payments** processed for transferring hospitals and top 14 IGT entities.
- January 16, 2017, 11:59 p.m. – Due date for providers to submit responses to HHSC requests for additional information on October reported milestone/metric achievement and incomplete semi-annual progress reports.

October Reporting Key Dates, 3

- January 30, 2017 – October reporting DY4 DSRIP payments processed for all providers and DY5 DSRIP payments processed for remaining providers that were not paid on January 13.
- February 24, 2017 – HHSC and CMS will approve or deny the additional information submitted in response to HHSC comments on October reported milestone/metric achievement and semi-annual progress reports.
 - Metrics approved during the additional information period will be included for payment in the next DSRIP payment period, estimated for July 2017.

Reporting Resources

Reporting Resources

- Find updated reporting materials (companion documents, templates, user guide, etc.) on the Waiver Tools and Guidelines page:
 - <https://hhs.texas.gov/laws-regulations/policies-and-rules/waivers/medicaid-1115-waiver>
 - Providers should review the October DY5 companion document for additional guidance.
- Previous Reporting Webinars
 - <https://hhs.texas.gov/laws-regulations/policies-and-rules/waivers/medicaid-1115-waiver/recorded-webinars-conference-calls>
 - For a walk through of the DSRIP Online Reporting System please refer to the *October DY3 General Reporting Webinar* slides.

Reporting Resources, 2

- Submit all questions to:
 - TXHealthcareTransformation@hhsc.state.tx.us
 - Please remember to include RHP, Project ID, and Metric ID with your question(s).